

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 24, 2002

Re: IRO Case # M2-02-0481-01

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested care is not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

This case involves a 38 year old male who was injured ___, with discomfort developing in the left shoulder, right knee and low back. The area of concern in this review is the lumbar spine. Because of persistent discomfort in this area, the patient underwent MRI evaluation, and this showed no lumbar change that would suggest significant nerve root compression. Plain films of the lumbar spine showed no major pathological changes. An MRI of the lumbar spine did show possible changes of a degenerative nature that could be the source of the persistent discomfort, and a discogram was performed on 12/5/01 at the L3-4, L4-5 and L5-S1 levels. According to the discogram there was no concordant pain produced at any of these levels.

I agree with the carrier's decision to deny this patient the requested Intradiscal Electro Thermal Therapy [IDET], as there is no evidence on discography or otherwise that

would suggest that IDET would be beneficial in dealing with this patient's back discomfort. It has been my experience that under the best of diagnostic circumstances, IDET is often unsuccessful. When the circumstances are somewhat questionable, it is my opinion that this procedure is not indicated.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing. A request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3). This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of proceedings, Texas Worker's Compensation Commission, P O Box 4066, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

Sincerely,

President

I hereby certify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this _____ day of _____ 2002.

Signature of IRO Representative:

Printed name of IRO Representative: